

FOR OFFICE USE ONLY

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Town of West Hartford Dial-A-Ride

MEMBERSHIP APPLICATION

July 1, 2017 – June 30, 2018

Annual Fee: \$50.00

Payment must accompany application form.

A separate membership application form and annual fee is required for each household member.

Eligibility:

WH Residents age 65 yrs. or older

WH Residents with Qualified Disability*

*Request separate additional application

Renewal _____ **New** _____

FOR OFFICE USE ONLY

Date _____

Check # _____

Amount _____

Initials _____

Last Name: _____ First Name: _____

Address: _____ Apt. # _____ West Hartford, CT 061 _____ (Zip Code)

Phone: (860) _____ - _____ Date of Birth: _____ / _____ / _____

Wheelchair Used? Yes _____ No _____ Hearing Impaired? Yes _____ No _____

Wheelchair Type: Electric _____ Manual _____ Visually Impaired? Yes _____ No _____

Special Assistance Required? Yes _____ No _____ Assisted by: Cane _____ Walker _____

Additional Notes: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____ **Phone:** _____

Applicant Signature (or Power of Attorney)

Date

Please make your check payable to **WH Dial-A-Ride** and return completed form with payment to:
West Hartford Dial-A-Ride, 50 South Main Street, Rm. 306, West Hartford, CT 06107.

Please also consider helping the Town sustain the Dial-A-Ride program by making a tax deductible donation.
Thank you for your consideration and generosity!

_____ **\$50.00 Membership Fee**

_____ **Additional Donation (tax deductible)**

_____ **Total Amount Enclosed**

Please feel free to contact the office with any questions ~ (860) 561-7561

Town of West Hartford Dial-A-Ride
50 South Main Street, Rm. 306
West Hartford, CT 06107
(860) 561-7561

ADA QUALIFIED DISABILITY QUESTIONNAIRE

(Applicant Name)

_____, West Hartford, CT 061 ____
(Applicant Address)

Information About Your Functional Ability:

For each statement, circle one answer

1. I can cross the street if there are curb cuts.

Always

Sometimes

Never

2. I can travel up/down a gradual hill.

Always

Sometimes

Never

3. I can find my way to the public city bus stop with training.

Always

Sometimes

Never

4. I am able to wait for 10 minutes for a public city bus.

Always

Sometimes

Never

5. I am able to ask for, understand, and follow directions.

Always

Sometimes

Never

6. I am able to detect curbs, ramps, and other drop off areas.

Always

Sometimes

Never

7. I am able to get on and off a public city bus (using stairs_____ or lift_____).

Always

Sometimes

Never

Please Continue On The Opposite Side

Information About Your Disability:

1. What type of disability prevents you from using the public city bus system? (Check all that apply)

Physical _____ **Visual** _____ **Cognitive** _____ **Mental Health** _____ **Hearing** _____

Please describe your disability: _____

2. Do you require the assistance of a personal care attendant?

Yes _____

No _____

Sometimes _____

3. Do you use any of the following devices? (Check all that apply):

_____ **Manual Wheelchair**

_____ **Power Scooter**

_____ **Electric Wheelchair**

_____ **Cane**

_____ **Walker**

_____ **White Cane**

_____ **Braces**

_____ **Oxygen Tank**

_____ **Crutches**

_____ **Communication Board**

_____ **Service Animal**

_____ **None**

_____ **Cart**

_____ **Other** _____

Certification:

I, _____, hereby certify that the above information is true and correct.
(Applicant Name – Please Print)

Applicant Signature (or Power of Attorney)

Date

Town of West Hartford Dial-A-Ride
50 South Main Street, Rm. 306
West Hartford, CT 06107
(860) 561-7561 – Evelyn Lopez
(860) 561-7565 – Ed Sanady

PHYSICIAN CERTIFICATION

I, Dr. _____, hereby certify that the Dial-A-Ride
(Physician's Name – Please Print)
applicant _____, has a disability which prevents them
(Applicant's Name – Please Print)
from being able to access traditional public transportation vehicles (city busses) and is in
need of transportation services through the West Hartford Dial-A-Ride Program.

Physician's Signature

Date